

Case Number:	CM14-0026617		
Date Assigned:	06/13/2014	Date of Injury:	01/13/2012
Decision Date:	07/17/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44-year-old male who was injured on 01/13/2012 when he sustained an injury at work while performing his usual job duties as a teacher assistant. The patient's medications as of 05/05/2014 include Zolpidem 10 mg, Flexeril 7.5 mg, Norco 10/325 mg, Naproxen 550 mg, and Tramadol 50 mg. UDS dated 01/24/2014 reported negative results for Norco, Ultram, Zolpidem, and Flexeril indicating possible non-compliance with prescribed medications. UDS dated 12/24/2013 reported positive results for Tramadol only. Naproxen, Zolpidem, and Flexeril were reported. Follow up report dated 05/05/2014 states the patient had complaints of pain in the lumbar and thoracic region. He described it as aching in nature. His pain medication helps alleviate his pain rating his pain as 5/10. Without cyclobenzaprine, it is noted that he gets muscle spastic episodes multiple times a day. Assessment is the patient has failed multiple conservative therapies including physical therapy, NSAID, TENS and various medication trials for greater than 6 months without benefit. Diagnoses are chronic pain syndrome, low back pain, and spondylolisthesis. Progress report dated 11/21/2013 reports the patient was in follow up and stated his pain has slightly decreased. He rated his pain level as a 7/10 and wanted a prescription filled. He stated the medications helps by decreasing his pain. On exam, he has mild lumbar paraspinal tenderness and positive lumbar facet loading maneuver. He has tight lumbar paraspinal muscles noted. Diagnoses are lumbar facet arthropathy, chronic thoracic and lumbar strain, lumbar degenerative disc disease and myofascial pain. The treatment and plan included a request for a repeat lumbar x-ray, and formal physical therapy. He was instructed to continue activity as tolerated. Prior utilization review dated 02/04/2014 denied the request for retrospective date of service 12/19/2013 flurbiprofen cream 30 gram, retrospective for date of service 12/19/2013 gabapentin cream 30 gram, retrospective for date of service 12/19/2013 cyclobenzaprine cream 30 gram, retrospective for date of service 12/19/2013 tramadol cream 30

gram, retrospective for date of service 12/19/2013 zolpidem 10 mg #30, and retrospective for date of service 12/19/2013 cyclobenzaprine 7.5 mg #90 were denied as medical necessity has not been established for all requests.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RETROSPECTIVE FOR DATE OF SERVICE 12/19/2013 FLURBIPROFEN CREAM 30 GRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to CA MTUS guidelines, Flurbiprofen as a topical analgesic is recommended as an option for chronic pain. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per guidelines; "non-steroidal anti-inflammatory topical agents are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder". The medical records do not document the diagnosis of Osteoarthritis or Tendinitis. Moreover, they do not address a failed trial of antidepressants and/or anticonvulsants. Therefore, the requested Flurbiprofen cream 30 grams is not medically necessary according to the guidelines.

RETROSPECTIVE FOR DATE OF SERVICE 12/19/2013 GABAPENTIN CREAM 30 GRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: According to CA MTUS guidelines, Gabapentin as a topical application is not recommended for chronic pain as there is no peer-reviewed literature to support its use. Therefore, the requested Gabapentin cream 30 grams is not medically necessary according to the guidelines.

RETROSPECTIVE FOR DATE OF SERVICE 12/19/2013 CYCLOBENZAPRINE CREAM 30 GRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: As per CA MTUS guidelines, muscle relaxants (Cyclobenzaprine) is not recommended for topical use in chronic pain, as there is no evidence for their use. Accordingly, the requested Cyclobenzaprine cream 30 grams is not medically necessary.

RETROSPECTIVE FOR DATE OF SERVICE 12/19/2013 TRAMADOL CREAM 30

GRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; OPIOIDS Page(s): 111-113; 78.

Decision rationale: According to CA MTUS guidelines, Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Tramadol as an opioid needs the following actions to be considered for the continuation of administration; "documentation of pain relief, functional status, appropriate medication use, and side effects". The medical records do not address the failure of antidepressants and/or anticonvulsants trials. Furthermore, the available records indicate the patient was on Tramadol at that time, but they lack documentation of patient's previous response to the medication in terms of pain relief and functional improvement. Therefore, the medical necessity of Tramadol cream 30 grams has not been established according to the guidelines.

RETROSPECTIVE FOR DATE OF SERVICE 12/19/2013 ZOLPIDEM 10 MG #30:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, ZOLPIDEM (AMBIEN).

Decision rationale: Per the ODG guidelines, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Sleeping medications can be habit-forming, and they may impair function and memory more than opioid pain relievers. The medical record dated 11/5/2013 documents that the patient has been prescribed this treatment at least since then (which is more than 6 weeks till the date of request). Furthermore, the available medical records do not include sleep study to

address the specific components of insomnia; a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Therefore, the medical necessity of Zolpidem 10mg #30 has not been established according to the guidelines.

RETROSPECTIVE FOR DATE OF SERVICE 12/19/2013 CYCLOBENZAPRINE 7.5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS - CYCLOBENZAPRINE; CYCLOBENZAPRINE (FLEXERIL) Page(s): 63-64; 41-42.

Decision rationale: According to CA MTUS guidelines, Cyclobenzaprine (muscle relaxant) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The medical records indicate that the patient has been prescribed this medication since at least 11/5/2013. There is no documented pain relief or functional improvement, since the PR2 dated 11/21/2013 indicates that the pain was rated as 7 out of 10. That seems to be the same pain level documented in a previous report. Therefore, the medical necessity of Cyclobenzaprine 7.5mg #90 has not been established according to the guidelines.